

# 2011 Military Health System Conference

## Optimizing Referral Management

A Multiple Service Health System Perspective Anyone Can Use

*The Quadruple Aim: Working Together, Achieving Success*

Mr Scott Graham & Mr Mike Wade

26 January 2011



San Antonio Military  
Medical System

Report Documentation Page				Form Approved OMB No. 0704-0188	
Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
1. REPORT DATE <b>26 JAN 2011</b>		2. REPORT TYPE		3. DATES COVERED <b>00-00-2011 to 00-00-2011</b>	
4. TITLE AND SUBTITLE <b>Optimizing Referral Management: A Multiple Service Health System Perspective Anyone Can Use</b>				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) <b>Army Medical Command,San Antonio Military Medical System,Fort Sam Houston,TX,78234</b>				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT <b>Approved for public release; distribution unlimited</b>					
13. SUPPLEMENTARY NOTES <b>presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland</b>					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT <b>Same as Report (SAR)</b>	18. NUMBER OF PAGES <b>31</b>	19a. NAME OF RESPONSIBLE PERSON
a. REPORT <b>unclassified</b>	b. ABSTRACT <b>unclassified</b>	c. THIS PAGE <b>unclassified</b>			

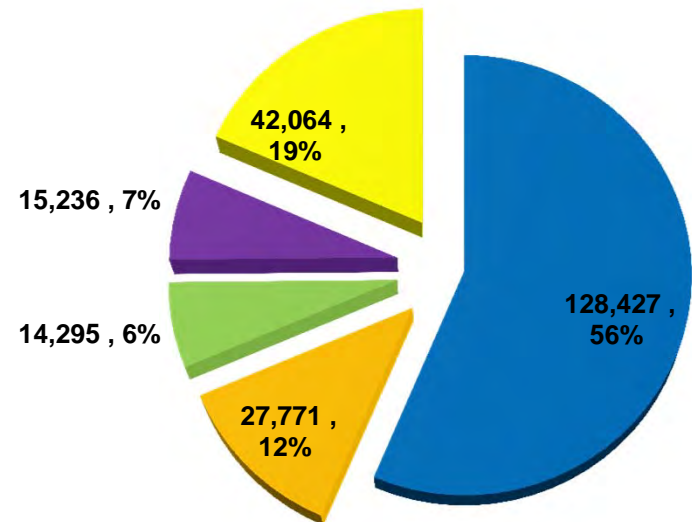
# SA Military Medical System



- Any given month
  - 200K encounters
  - 75K managed calls
  - 22K referrals processed
    - 3000 Network referrals
    - 800 Other MTFs referrals
    - 600 Right of First Refusal
    - 3000 DME requests

## SA-MMS

■ Enrollees ■ MCSC ■ ADSL ■ TPlus ■ Remaining Eligibles



# Sense of Purpose



- Stephen Covey in his book *First Things First* uses the example of filling a beaker with rocks – big ones vs. little ones first
- Priorities need to be based upon the significance or importance of expected outcomes
  - 1<sup>st</sup> always “Great Patient Care”
  - 2<sup>nd</sup> readiness sustainment and force readiness – DOD/MTF mission skill sets
  - 3<sup>rd</sup> cost accountability

# Priority Management



- Trade offs
- Importance
  - Partnerships with MCSC
  - Checks/balances and communication
- Not always as timely or accessible as desired
  - Available resources
  - Patient priorities
  - Provider needs
- Effective referral management from start to finish can close many of the gaps

# Referral Mgmt Macro Perspective



- Includes timely access:
  - With or without review by specialty clinics
  - Regardless of the location of specialty care
- Includes follow up as needed to:
  - Ensure care is available and provided, meeting both patient and provider needs
  - Give assistance in negotiating the system
- Concludes with clear and legible results to the ordering provider

# Tracking



- The robustness of a tracking mechanism will influence ease of success in your RM System
  - Whether RMS/RMSTR
  - Homegrown
  - Or other
- Six pit stops to facilitate effective management and tracking of referrals
- It does little good to track if there is no intention to intervene when necessary



# The Six Pit Stops



- Every referral MUST be entered into CHCS; 100% visibility & accountability of demand
- Quality control: accuracy, completeness, capability and/or capacity, standard operating procedures
- Patient contact
- Kept appointment or verified resolution
- Completed Results
- Ordering provider receives results

*But what about admin closure...  
you can't track what you can't see.*



# Admin Closure Functionality



- No tool is effective with admin closure functionality enabled in CHCS
  - Can't track what no longer exists
  - Can't link results to referrals
  - Frustrates staff and patient
- Elimination of Admin Closure functionality
  - Provides long term network referral visibility
  - Reduces ordering provider intervention and frustration

# Tool Box Requirements



- Provide snapshot at macro AND granular level to permit monitoring by MTF/ref type/ordering clinic/specialty clinic, even provider
  - Review timeliness
  - Booking timeliness
  - Appt timeliness (ATC)
  - Results completion
  - Results timeliness
- Visibility/capability to manage timeline of each step in the referral process

# Tool Box Examples



User friendly tools are a must

- CAMO Referral Mgt application
  - Source for patients to call on status
  - Resulting verification
  - Referral follow up process flow
  - Consult log overview
- Demand management tools
  - TCON process
  - Appt availability tool
- Effective AHLTA training
- Patient reminder cards in the clinic

# Referral Mgmt Tracking App



AMED\michael.wade Market Referral Management Tracking System

Home ROFR External **RMC** Logs Documents Management

Search Humana Humana Exceptions **Defer To Network** Direct Care Direct Care Routed Not Reviewed

DataSource | Remove Filters | Remove Sorts | Refresh Grid ExportToExcel

	Order	Patient Name	FMP/SSN	Aging	ApptDate	Last Rev'd	Referred By	Code
>	100728-19627	M. [REDACTED] C	02/31/1962	158	03-Jan 2011	60	WIMBERLY, PATRICIA A	RT1
>	100909-22169	V. [REDACTED] E M	02/31/1969	115	04-Jan 2011	59	WALKER, ALLISON J	RT1
>	101101-01673	P. [REDACTED] T G	20/31/1969	62	29-Nov 2010	55	DEPAUL, SCOTT A	NR11
>	101101-03349	C. [REDACTED] K	30/51/1969	62		55	RAMOS, ERICA E.	RT1
>	101108-17163	L. [REDACTED] B H	01/08/1962	55		55	SPAHR, JENNY P	NR1
>	101101-20909	S. [REDACTED] D	01/41/1964	62		54	VINAS, CARLOS	RT1
>	101102-02465	S. [REDACTED] M	30/51/1963	61		54	VAUGHN, VEETA M	NA1
>	101102-05983	M. [REDACTED] N	02/41/1964	61		54	BARNHARDT, MARK A	RT1
>	101102-14416	C. [REDACTED] L	30/61/1965	61		54	AVERY, ELEANOR E	RT1
>	101102-18093	J. [REDACTED] B	20/51/1967	61		54	BROOKS, KENYA H	RT1
>	101102-18379	C. [REDACTED] A	30/21/1961	61	10-Jan 2011	54	WALZ, DANIELLE	RT1
>	101102-19259	C. [REDACTED] D	30/51/1963	61	05-Jan 2011	54	KENNEDY, OLGA	RT1
>	101102-19667	C. [REDACTED] E	30/41/1964	61		54	CHUNG, PATRICIA S	RT1
>	101102-10088	C. [REDACTED] B	20/51/1962	61		54	HOMER, DIANE C	RT1

1 2 3 4 5 6 7 8 9 10 ... 3442 items in 69 pages



# Referral Mgmt Tracking App



AMED\michael wade Market Referral Management Tracking System

Home ROFR **External** RMC Logs Documents Management

Search Worklist **MTF** TFL T-PLUS Not PAS Entered Non-CAMO

DataSource | Remove Filters | Remove Sorts | Refresh Grid

Order	Patient Name	FMP/SSN	Referred To	Appt Date	Reviewer	Appt Status	CHCS Status
101208-20807	[REDACTED]	[REDACTED]	SAMMC N		RAMIREZ, MARIA R		OPEN
101208-21581	[REDACTED]	20 [REDACTED]	EXTERNAL SAMMS		PAYNE, MICHAELA L		OPEN
101208-25116	[REDACTED]	20 [REDACTED]	ORTHOPEDICS SAMMC N	14-Dec 2010	RAMIREZ, MARIA R	KEPT	INCOMPLETE

**+ Add New Event Record**

Agent Action	Reason	Source	Comment	CreatedBy	Created
Added Comment	Request Results	CHCS	NO RESULTS POSTED CONTACTED CLINIC	AMED\Maria.Ramirez	12/17/2010 7:53:36 AM
Email	Appt Info	POC Notified	ORTHO, BAMC CRANSTON 1000AM	AMED\Maria.Ramirez	12/14/2010 3:15:58 PM
Laughlin AFB	ORTHOPEDICS	MTF	POC-INFO: 47 MDG	AMED\Maria.Ramirez	12/9/2010 12:09:38 PM

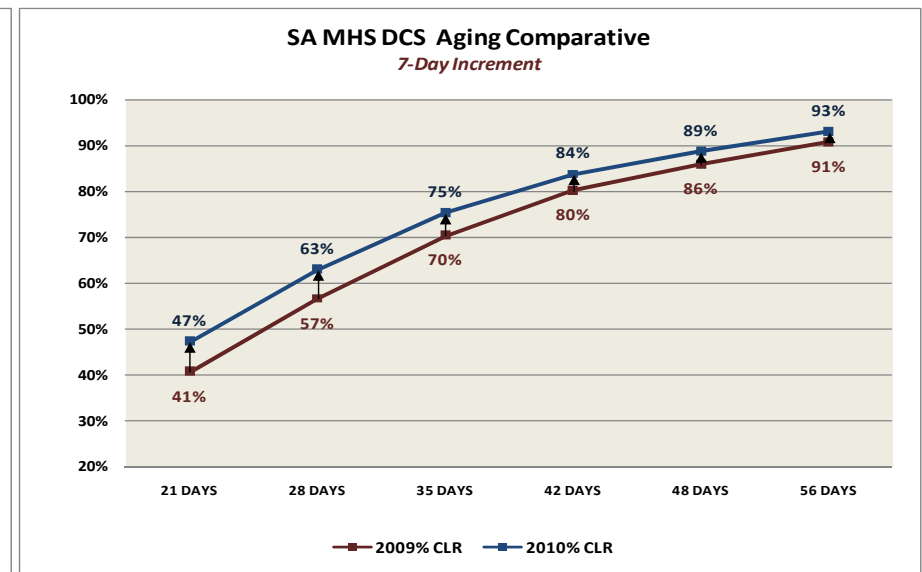
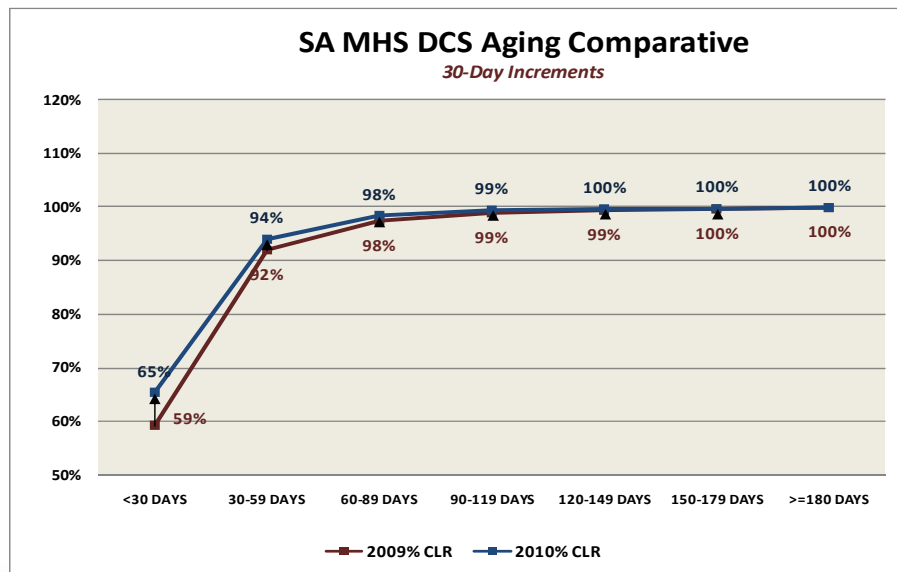
101208-26937	[REDACTED]	20 [REDACTED]	NEUROSURGERY, BAMC	05-Jan 2011	PAYNE, MICHAELA L	PENDING	INCOMPLETE
--------------	------------	---------------	--------------------	-------------	-------------------	---------	------------

K < 1 2 3 4 **5** 6 7 8 9 10 ... > > 405 items in 17 pages

# Enhancement via Team Approach



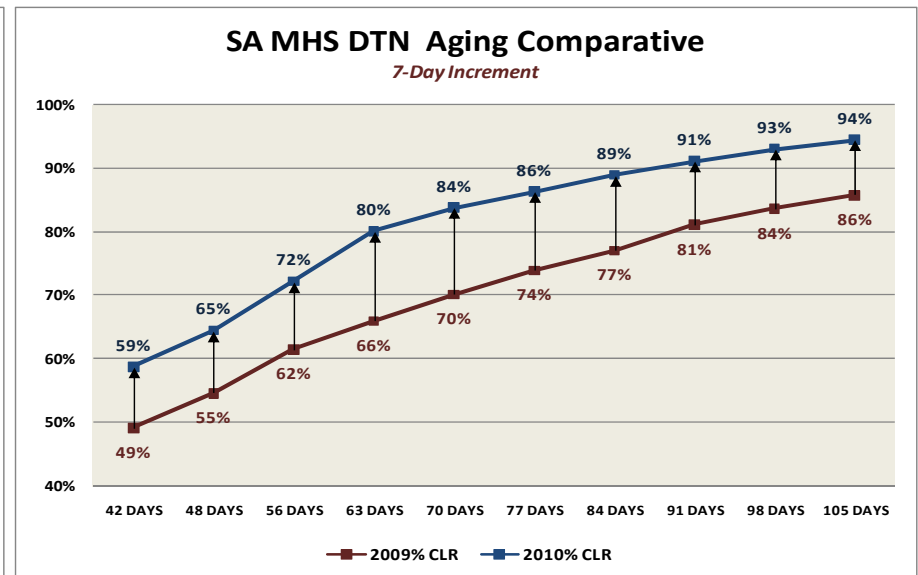
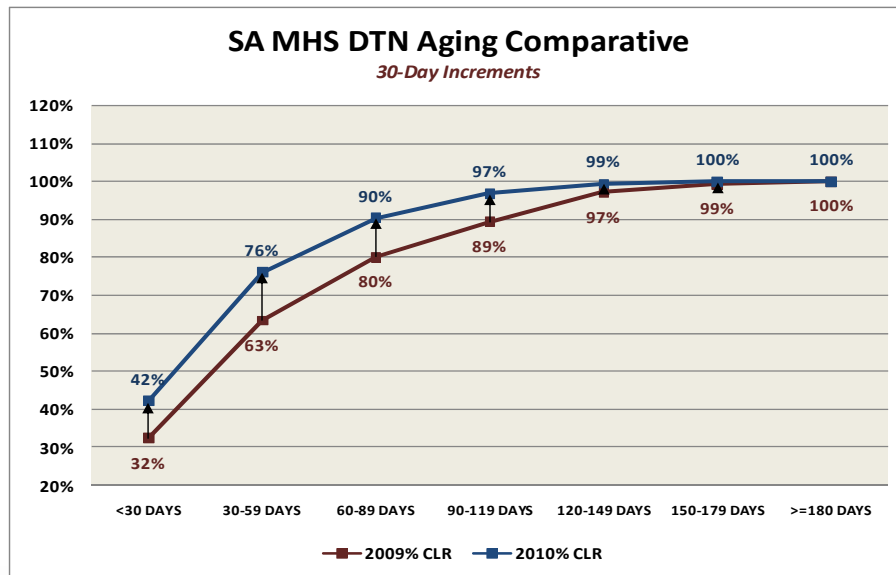
- SA MHS MOA Collaboration
  - Admin Closure disabled
  - Standardized Operating Procedures
  - Liaison team established w/in MTF



# Enhancement via Team Approach



- SA MHS MOA Collaboration
  - Admin Closure disabled
  - Standardized Operating Procedures
  - Liaison team established w/in MTF

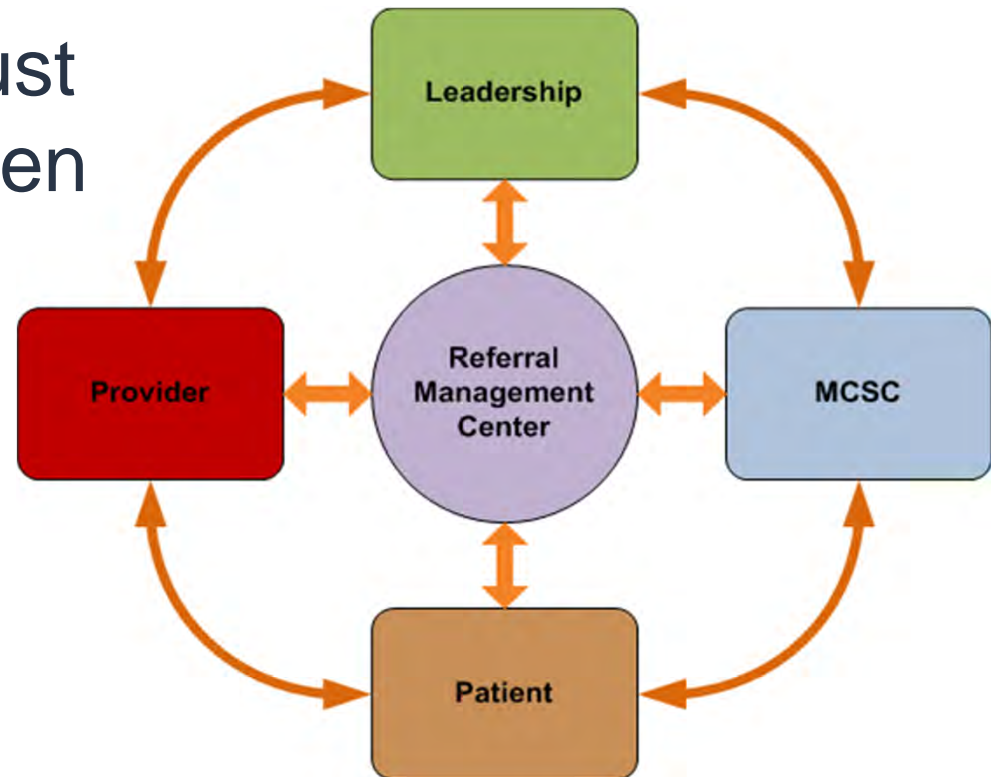




# Communication as a Tool



- Communication must reliably exist between
  - Provider
  - Patient
  - RMC
  - Leadership



# Referral Mgmt Booking Tool



CONSULTS									
AS OF:	CAMO	TOTAL	TOTAL	Today + 30Day CAMO only		Permissable	FROM	TO	
23-Dec-10	0100	UNBOOKED	UNBOOKED	OPEN APPTS	CAMO APPT	APPT TYPES	23-Dec-10	22-Jan-11	
CLINIC	APPT-TO-MTF	CONSULTS	AGE >14	FOR CAMO	ADEQUACY	PER SOPs	#OPEN_SPEC	#OPEN_GRP	#OPEN_PROC
ADOLESCENT MED FSH	2	2	1	22	20	S	22	NONE	NONE
ALLERGY CLINIC,BAMC	3	3	2	1	-2	S-P	1	NONE	NONE
ALLERGY,WHMC	41	62	9	59	18	S-P-G	18	NONE	41
AUDIOLOGY,BAMC	25	27	7	128	103	S	128	NONE	NONE
AUDIOLOGY,WHMC	6	8	1	268	262	S	268	NONE	NONE
CARDIOLOGY BAMC	18	44	4	32	14	NA	32	NONE	NONE
CARDIOLOGY,WHMC	7	24	2	18	11	S	18	NONE	NONE
CHIROPRACTIC CLINIC WHMC	29	30	9	11	-18	S	11	NONE	NONE
DERMATOLOGY SAMMC S	192	203	11	609	417	S	609	NONE	NONE
DERMATOLOGY,BAMC	2	4	3	302	300	S	302	NONE	NONE
DIABETES CENTER OF EXCELLENCE	18	33	20	21	3	S-G	21	NONE	NONE
ECHO BAMC	9	33	1	156	147	P	NONE	NONE	156
ENDOCRINOLOGY,WHMC	8	9	NONE	NONE	-8	S	NONE	NONE	NONE
EPIDEMIOLOGY DIS CLINIC BAMC	1	2	1	39	38	S	39	NONE	NONE
GASTROENTEROLOGY,BAMC	55	82	12	83	28	S	83	NONE	NONE
GASTROENTEROLOGY,WHMC	41	59	12	89	48	S-G	83	6	NONE
GEN SURGERY,BAMC	35	49	10	85	50	S	85	NONE	NONE
GENERAL SURGERY,WHMC	2	2	NONE	96	94	S	96	NONE	NONE
GENETICS SAMMC	2	5	2	10	8	S	10	NONE	NONE
GYNECOLOGY CLINIC,WHMC	32	50	15	49	17	S	49	NONE	NONE

# Access to Care Forecast Tool



REF CONVERSION	NA = no pending unbooked consults in "Appoint to MTF" status for CAMO to book							
	NEGATIVE INTEGER INDICATES MORE CONSULT DEMAND THAN APPOINTMENT SUPPLY FROM A CAMO PERSPECTIVE							
DEMAND TREND PAST 7 DAYS	6-Jan-11	3-Jan-11	23-Dec-10	21-Dec-10	20-Dec-10	17-Dec-10	16-Dec-10	15-Dec-10
CLINIC	ADEQUACY	ADEQUACY	ADEQUACY	ADEQUACY	ADEQUACY	ADEQUACY	ADEQUACY	ADEQUACY
ADOLESCENT MED FSH	6	11	20	22	25	28	4	5
ALLERGY CLINIC,BAMC	-3	-1	-2	-20	-24	-24	-23	-22
ALLERGY,WHMC	-33	-6	18	17	38	24	1	10
AUDIOLOGY,BAMC	149	160	103	98	109	86	79	77
AUDIOLOGY,WHMC	391	387	262	236	256	223	236	256
CARDIOLOGY BAMC	22	33	14	5	8	-12	-12	-12
CARDIOLOGY,WHMC	57	51	11	-16	-18	-18	-37	-39
CHIROPRACTIC CLINIC WHMC	38	37	-18	4	6	-5	-21	-23
DERMATOLOGY SAMMC S	675	779	417	401	442	372	352	344
DERMATOLOGY,BAMC	412	386	300	272	310	267	NA	262
DIABETES CENTER OF EXCELLENCE	34	31	3	16	22	2	0	4
ECHO BAMC	259	153	147	136	148	139	132	132
ENDOCRINOLOGY,WHMC	-4	-2	-8	-19	-19	-22	-24	-20
EPIDEMIOLOGY DIS CLINIC BAMC	39	42	38	34	34	32	NA	35
GASTROENTEROLOGY,BAMC	70	82	28	-12	-8	5	12	0
GASTROENTEROLOGY,WHMC	214	169	48	30	16	16	0	-4
GEN SURGERY,BAMC	45	39	50	67	86	45	52	38
GENERAL SURGERY,WHMC	67	82	94	NA	NA	NA	NA	NA
GENETICS SAMMC	12	10	8	-3	5	-2	3	1
GYNECOLOGY CLINIC,WHMC	1	44	17	-9	-2	-3	-15	-10
GYNECOLOGY,BAMC	297	285	92	47	85	69	34	32
HEALTH & WELLNESS CENTER,RAFB	9	16	-5	-1	-1	-1	-1	-1
HEMATOLOGY ONCOLOGY,WHMC	26	33	22	19	22	17	11	8
IMC DM-EDUCATION,BAMC	-13	-7	-8	-22	-25	-30	-33	-30
NEPHROLOGY,WHMC	-1	-3	0	0	0	0	0	-1
NEUROLOGY,BAMC	239	161	154	157	164	162	157	150
NEUROLOGY,WHMC	32	24	-24	-17	-17	-14	-11	-20
NUTRITION,BAMC	11	0	-18	-37	-46	-42	-40	-52

# Communication Methods



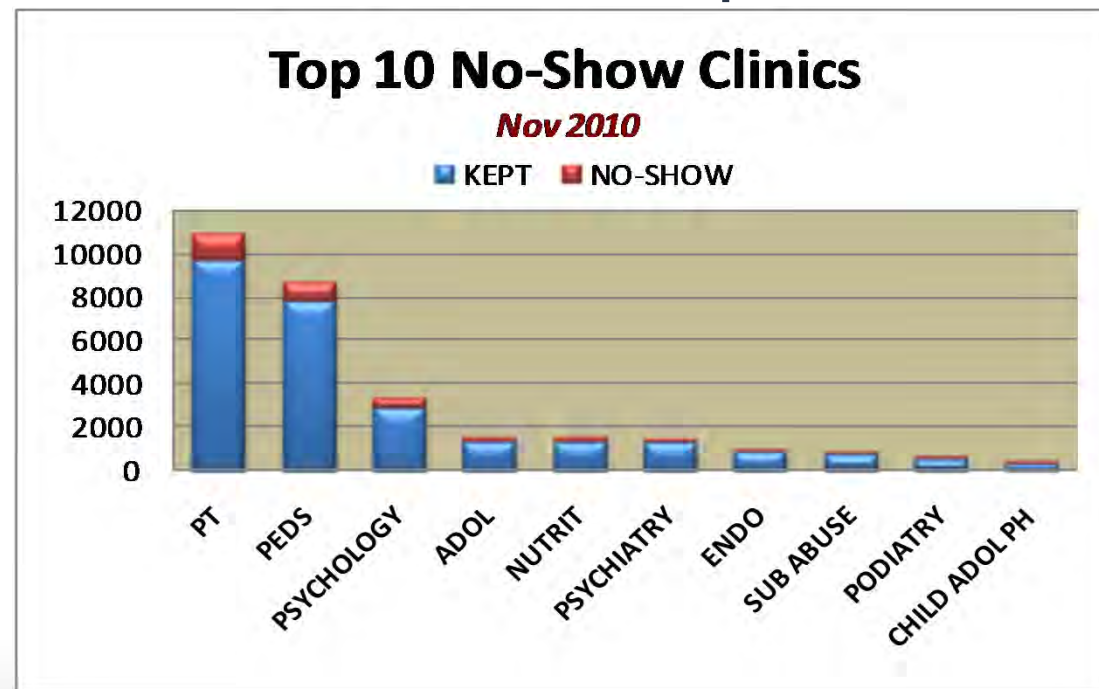
- Individual reports designed to facilitate matching patients with needed care and improving awareness
  - No show reports
  - Appt availability reports
  - ATC reports
  - Aging analysis reports
  - Follow up reports
  - Ongoing education and training



# No Show Reports



- Top 3 No Show services consist of Pediatrics, Mental Health, and Physical Therapy
- Impacts access and recapture

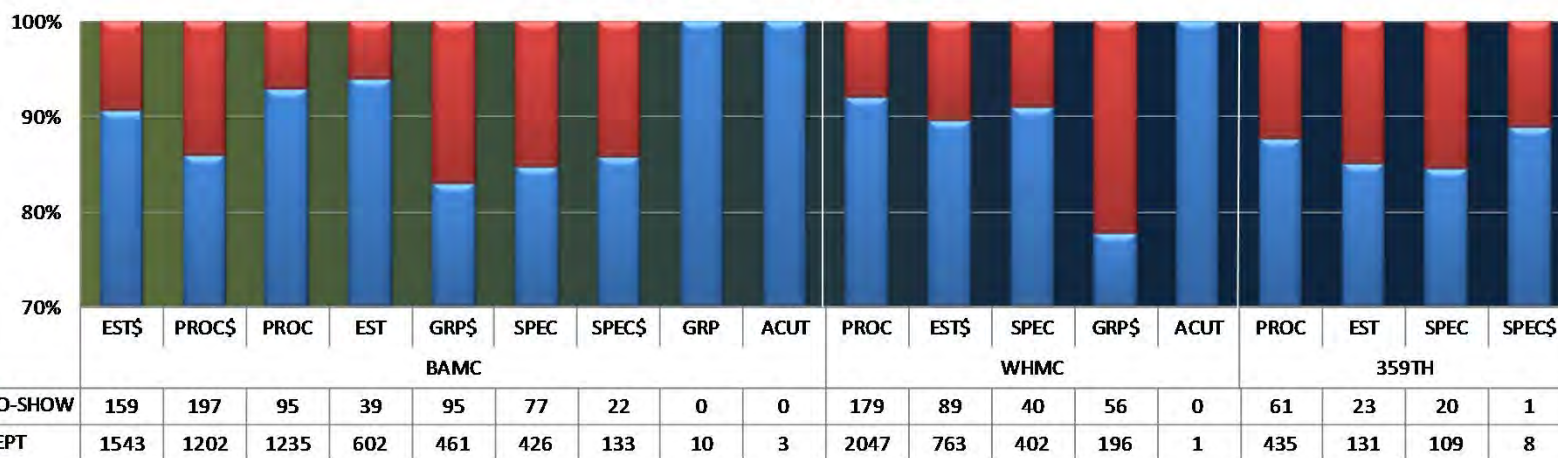


# No Show Reports



## SA MHS Physical Therapy

*No-Shows by Appointment Type for Nov 2010*



### Repeat Offenders by Appt Type

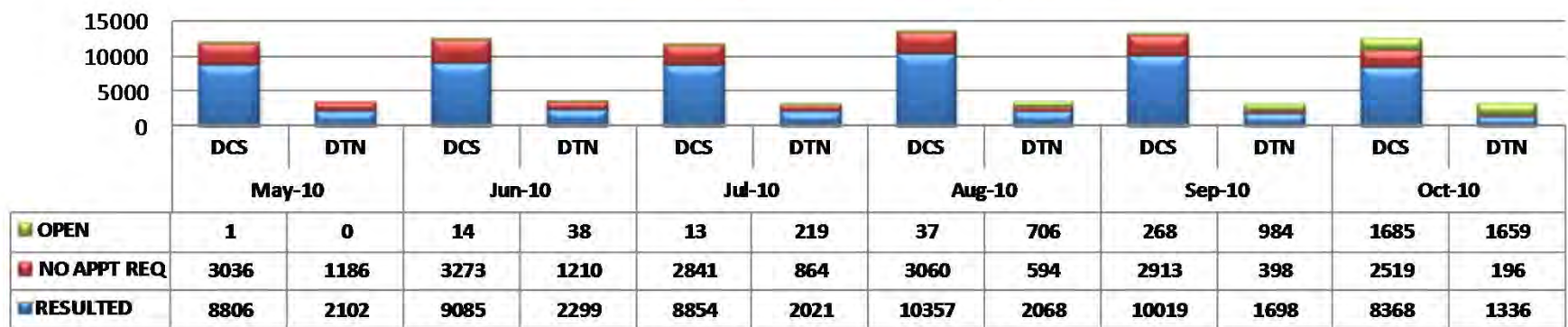
		GRP\$	PROC\$	EST\$	PROC	SPEC\$	EST	SPEC	Grand Total
4-8647	USA ACTIVE DUTY ENLISTED	5	0	7	0	0	0	0	12
5-3658	USA ACTIVE DUTY ENLISTED	0	7	1	0	0	0	0	8
3-2493	USAF ACTIVE DUTY	0	0	0	8	0	0	0	8
2-2799	USA ACTIVE DUTY ENLISTED	3	0	4	0	0	0	0	7
8-5668	USA RET LOS OFFICER	5	0	1	0	1	0	0	7
2-8701	USA ACTIVE DUTY ENLISTED	0	6	0	0	1	0	0	7
3-2589	USAF ACTIVE DUTY	7	0	0	0	0	0	0	7
Grand Total		20	13	13	8	2	0	0	56

# DCS/Network Aging Analysis Rpts



## SA MHS Specialty Care Consults by Volume/Status

*No DME, Case Management or Ancillary Services*



Top 10 DTN by Con Spec									DCS/DTN Total	% DTN			% DCS			% SA MHS	
	359TH	BAMC	WHMC	DTN	359TH	BAMC	WHMC	DCS		359TH	BAMC	WHMC	359TH	BAMC	WHMC	DTN	DCS
PT	105	560	377	1042	101	687	378	1166	2208	4.8%	25.4%	17.1%	4.6%	31.1%	17.1%	47.2%	52.8%
SLEEP LAB	40	86	124	250	17	95	85	197	447	8.9%	19.2%	27.7%	3.8%	21.3%	19.0%	55.9%	44.1%
MENTAL HLTH	13	136	100	249	6	282	110	398	647	2.0%	21.0%	15.5%	0.9%	43.6%	17.0%	38.5%	61.5%
PAIN MGT	17	114	56	187	4	88	42	134	321	5.3%	35.5%	17.4%	1.2%	27.4%	13.1%	58.3%	41.7%
GASTRO	26	89	39	154	120	423	340	883	1037	2.5%	8.6%	3.8%	11.6%	40.8%	32.8%	14.9%	85.1%
PODIATRY	15	42	82	139	49	164	112	325	464	3.2%	9.1%	17.7%	10.6%	35.3%	24.1%	30.0%	70.0%
PEDS SPEECH	12	52	42	106	6	29	13	48	154	7.8%	33.8%	27.3%	3.9%	18.8%	8.4%	68.8%	31.2%
NEPHROLOGY	7	55	35	97	4	16	26	46	143	4.9%	38.5%	24.5%	2.8%	11.2%	18.2%	67.8%	32.2%
ENT	10	32	48	90	45	197	269	511	601	1.7%	5.3%	8.0%	7.5%	32.8%	44.8%	15.0%	85.0%
NEURO	2	38	49	89	2	5	14	21	110	1.8%	34.5%	44.5%	1.8%	4.5%	12.7%	80.9%	19.1%

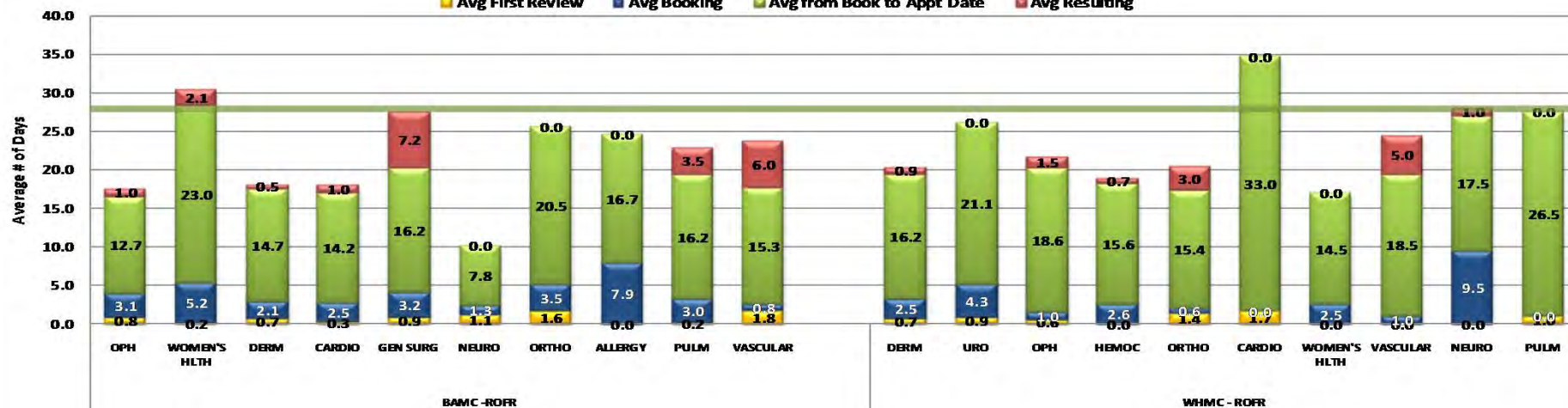


# Access to Care Charts



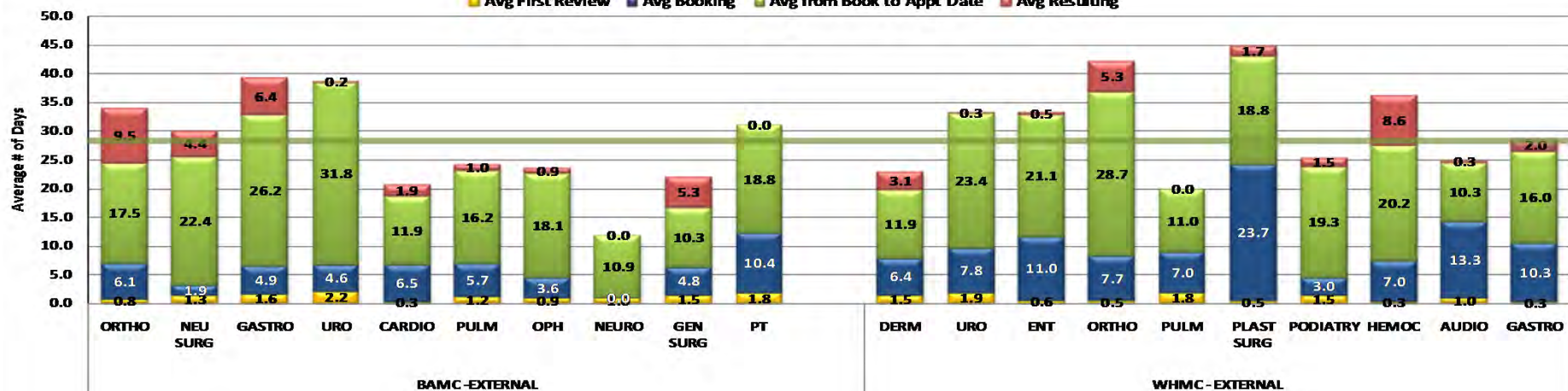
ROFR Consults Timeline by Appointed MTF by Top 10 Specialty by Volume

Avg First Review Avg Booking Avg from Book to Appt Date Avg Resulting



External Consults Timeline by Appointed MTF by Top 10 Specialty by Volume

Avg First Review Avg Booking Avg from Book to Appt Date Avg Resulting



# Pitfalls Abound



- Challenges exist throughout RM process
  - Constant need for training anyone who touches a referral
    - AHLTA Upgrades
    - Staff turnover (MTF & RMC)
    - Patient education
  - Process turfing and blaming
  - Accountability
  - Changes
  - A host of others

# Recapture



## MTF Recapture Needs

- GME Training
- Patient loyalty
- Contractual obligation
- Professional partnering
- Sustainment Training
- Available Capacity
- Purchased care management

## Patient Perceptions of Need

- Access/Enrollment
- Service loyalty
- Service & Satisfaction
- Professional partnering
- Contractual requirement
- Quality

# Priorities



- MHS Leadership priority on WT and WW
- Readiness based Fitness For Duty
- MTF and regional leadership must establish the remaining priorities
- Communicate priorities for all
  - Processing clerks
  - Individual providers
- Manage to established business rules

# Business Rules



- SA MMS has clearly established rules for follow up
  - Call after 30-60-90 days – includes after hours, DEERS research
  - Letter after 90 days
  - Close referral after 120 days
- Rules may differ slightly but apply to all referrals whether DCS or Network
- Effective follow up produces provider required results

# Clear and Legible Results



- Anticipating T-3; SA CAMO started aggressive result retrieval over a year ago
  - Turn off admin closure
  - Aggressive f/u with patient and providers
  - Continued tracking, monitoring, reporting through 180 days
- Goal to return result of some kind to provider
  - Specialty care result
  - Definitive resolution of referral if care not received



# Resulting



## Direct Care System

- Usually w/in AHLTA but not always timely
- Important to communicate
- Important to drive accountability

## Network

- Getting there is a matter of tenacity
- SA MMS posts in clinical notes, AHLTA
- Must keep ordering provider aware

**Ultimately result timeliness, availability and accountability are the ordering provider's responsibility**



# Result Management



- Direct Care System
  - Use consult log
- Network results
  - Use consult log
  - Use T-Cons
  - Print and have provider sign
- Does it matter?

# Putting It All Together



- The collective Military Healthcare System notably provides “Great Patient Care”, evidenced by countless surveys, successful assessments, and notable achievements shared at this conference
- Building on great patient care, establishing a robust RM System facilitates recapture, and ultimately reduces system wide costs
- SA MHS has succeeded through collaboration
- The key, start to finish, is an easy to use system



Mr Scott Graham

Director, San Antonio Military Medical System Office

[Scott.graham.7@us.af.mil](mailto:Scott.graham.7@us.af.mil) or [scott.graham@amedd.army.mil](mailto:scott.graham@amedd.army.mil)

Mr Mike Wade

Director, San Antonio Consult and Appointment Management Office

[Michael.wade@amedd.army.mil](mailto:Michael.wade@amedd.army.mil)